

AUTHORIZATION TO RELEASE
FINANCIAL RECORDS AND DOCUMENTS

TO WHOM IT MAY CONCERN:

I hereby authorize and consent that the following financial records and files within your custody and control, which in any way pertain to me, may be released by you to a representative of the United States' Attorney's Office for the District of Colorado upon receipt of this authorization or a copy thereof.

Records and files to be released: _____

_____.

I authorize release of the records for the following purpose(s): _____
_____.

I understand that the above records are or may be protected by the Right to Financial Privacy Act, 12 U.S.C. §§ 3401 et seq.

This authorization is valid for three months from the date below. I reserve the right to revoke this authorization at any time before disclosure of the records.

Signature

Print or Type Name

Social Security Number

Address (Street/P.O. Box)

City, State, Zip Code

City/County of _____

State of _____

Sworn to and subscribed before me
this _____ day of _____, 20__.

Notary Public

My commission expires: _____